IPDR6702				NORTH CAROLINA		PA	GE: 1	
	02/16/2004			S CHECKWRITE SUMMARY REPORT				
			C	HECKWRITE DATE: 02/17/2004				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER	PROJUEDED MANUE	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
HOLDER	PROVIDER NAME	2020	DENTITIO	2200121 1201	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	21	382	DUPLICATE OF CLAIM-SYSTEM				
	H/DD/SAS							
		0	0		0	382	382	0
3404902	BLUE RIDGE COMM	21	5	DUPLICATE OF CLAIM-SYSTEM				
	UNITY							
		0	0		0	5	226	221
3404904	URAMBRI URAUTAN	0	0	*** NO DATA TO REPORT ***				
3101301	WESTERN HIGHLAN DS LME		ŭ .	NO DITTO ADDOM				
		0	0		0	0	0	-
					0	0	0	-
			_					
3404905	TREND COMM MENT	0	U	*** NO DATA TO REPORT ***				
	AL HLTH CTR							1
		0	0		0	0	0	0
3404907	RUTHERFORD-POLK	8800	3	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		0	0		0	3	49	46
								-
3404910	PATHWAYS	24	138	PROCEDURE CODE, PROCEDURE/MODI				
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8599	121	DETAIL NOT COVERED BY COMBINAT	135	685	9775	9090
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	103	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404912	CATAWBA COUNTYM	24	384	PROCEDURE CODE, PROCEDURE/MODI				
	ENTAL HEALT			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8931	368	AMTNC INELIGIBLE TO RECEIVE SE	460	1111	4913	3802
				RVICES IN IPRS.				<u> </u>
		8599	232	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
								1
3404913	MECKLENBURG COM	8935	206	ASTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
					1			†
		11	76	CLIENT NOT ELIGIBLE ON SERVICE	211	388	1490	1102
				DATE	-			1
		8505	53	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
								†
3404916	CROSSROADS BEHA	21	156	DUPLICATE OF CLAIM-SYSTEM				
	VIORAL HEAL							-
					1			
		8599	138	DETAIL NOT COVERED BY COMBINAT	29	620	9030	8410
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		7007	92	EXCEEDS MAXIMUM UNITS ALLOWED				
				DED MONEY (C)				
				PER MONTH(S)				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	PROGRAMMAN	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404917	CENTERPOINT HUM	8326	1359	ATTENDING PROVIDER NUMBER IS R				
	AN SERVICES			EQUIRED WHEN BILLED WITH GROUP				
	111 011111010			NUMBER. ADD ATTENDING NUMBER A				
		8599	1331	DETAIL NOT COVERED BY COMBINAT	359	3781	8387	4606
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	305	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404918	ROCKINGHAM CO M	8505	194	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		0500	1.0	CLAIM DENIED DUE TO INSUFFICIE				
		8502	19	NT ALLOTMENT	0	225	275	50
				111 11111111111111111111111111111111111				
		8800	9	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404919	GUILFORD CO MEN	8505	3002	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8800	386	FURTHER PROCESSING NECESSARY,	111	3964	5530	1566
				PLEASE CHECK FOR CLAIM ON	111	3304	3330	1300
				FUTURE RA'S.				
		8599	215	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404920		0	0	*** NO DATA TO REPORT ***				
3404920	ALAMANCE CASWEL	U	0	NO DATA TO REPORT				
	L AREA MH D							
		0	0		0	0	0	0
3404921	ORANGE PERSON C	8505	1242	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
		5404	476	SEVERE DUPLICATE: SAME ATTD PR	28	0.573	5059	2225
				OV/PCODE/TOS/DOS/MOD	28	2673	5059	2386
	+			1				
		8599	277	DETAIL NOT COVERED BY COMBINAT				
		8599	277	ION OF RECIPIENT, PROVIDER AND				
		8599	277					
2404922				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	8599	277 3475	ION OF RECIPIENT, PROVIDER AND				
3404922	THE DURHAM CENT			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	4562	7572	3010
3404922		21	3475	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	0	4562	7572	3010
3404922		21	3475	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER NOT ON STATE	0	4562	7572	3010
3404922		21	3475	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	4562	7572	3010
3404922		21	3475	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT	0	4562	7572	3010
3404922		21	3475	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	4562	7572	3010
3404922		21	3475	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT	0	4562	7572	3010
3404922	ER	21	3475	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	4562	7572	3010
	ER VGFW AREA AUTHO	21	3475 326 314	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	4562	7572	3010
	ER	21	3475 326 314	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT	0	4562	7572	3010
	ER VGFW AREA AUTHO	21 143 8599	3475 326 314	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	4562	7572	3010
	ER VGFW AREA AUTHO	21	3475 326 314	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE	0	4562	7572	3010
	ER VGFW AREA AUTHO	21 143 8599	3475 326 314	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0			
	ER VGFW AREA AUTHO	21 143 8599	3475 326 314	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE	0			
	ER VGFW AREA AUTHO	21 143 8599 8599	3475 326 314 169	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0			
	ER VGFW AREA AUTHO	21 143 8599	3475 326 314	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE	6			

NUMBER PROVIDER NAME PROVIDER NAME 3404924 PIEDMONT AREA M H/DD/SAS 3404925 SANDHILLS CENTE R FOR MH/DD 3404926 SOUTHEASTERN RE G MENTAL HL 3404927 CUMBERLAND CO M HC 3404927 HC 3404929 LEE NARNETT MH/ DD/SAS 3404930 JOHNSTON COUNTY MNTL HLTHC 3404931 NAME CO HUM SVC BILLING OF 3404931 NAME CO HUM SVC BILLING OF	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
R FOR MH/DD R FOR MH/DD 3404926 SOUTHEASTERN RE G MENTAL HL 3404927 CUMBERLAND CO M HC 3404929 LEE HARNETT MH/ DD/SAS 3404930 JOHNSTON COUNTY MNYL HLTHC 3404931 NAME CO HUM SVC BILLING OF	0	0	*** NO DATA TO REPORT ***				
R FOR MH/DD R FOR MH/DD 3404926 SOUTHEASTERN RE G MENTAL HL 3404927 CUMBERLAND CO M HC 3404929 LEE HARNETT MH/ DD/SAS 3404930 JOHNSTON COUNTY MNTL HLTHC 3404931 WARE CO HUM SVC BILLING OF							
R FOR MH/DD R FOR MH/DD 3404926 SOUTHEASTERN RE G MENTAL HL 3404927 CUMBERLAND CO M HC 3404929 LEE HARNETT MH/ DD/SAS 3404930 JOHNSTON COUNTY MNYL HLTHC 3404931 NAME CO HUM SVC BILLING OF	0	0		0	0	0	
3404926 SOUTHEASTERN RE G MENTAL HL 3404927 CUMBERLAND CO M HC 3404929 LEE HARNETT MH/ DD/SAS 3404930 JOHNSTON COUNTY NNTL HITHC 3404931 WAKE CO HUM SVC BILLING OF	8505	102	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
G MENTAL HL G MENTAL HL 3404927 CUMBERLAND CO M HC 3404929 LEE HARNETT MH/ DD/SAS 3404930 JOHNSTON COUNTY MNYL HLTHC 3404931 WAKE CO HUM SVC BILLING OF							
G MENTAL HL G MENTAL HL 3404927 CUMBERLAND CO M HC 3404929 LEE HARNETT MH/ DD/SAS 3404930 JOHNSTON COUNTY MNYL HLTHC 3404931 WAKE CO HUM SVC BILLING OF	0	0		0	102	108	
HC	8505	1725	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
HC	2.2	1.65					
HC	11	165	CLIENT NOT ELIGIBLE ON SERVICE DATE	158	2646	6132	348
HC	8599	155	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
HC			BENEFIT PACKAGE.				
3404929 LEE HARNETT MH/ DD/SAS 3404930 JOHNSTON COUNTY MNTL HITHC 3404931 WAKE CO HUM SVC BILLING OF BILLING OF	8505	1159	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
DD/SAS DD/SAS							
DD/SAS DD/SAS	8599	112	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	2	1463	2967	1504
DD/SAS DD/SAS			BENEFIT PACKAGE.				
DD/SAS DD/SAS	8800	94	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
DD/SAS DD/SAS DD/SAS 3404930 JOHNSTON COUNTY MNYLL HLTHC MAKE CO HUM SVC BILLING OF BILLING OF			FUTURE RA'S.				
DD/SAS DD/SAS 3404930 JOHNSTON COUNTY MNYL HLTHC MAKE CO HUM SVC BILLING OF BILLING OF	8599	158	DETAIL NOT COVERED BY COMBINAT				
MNTL HLTHC 3404931 WAKE CO HUM SVC BILLING OF BILLING OF 3404932 RANDOLPH/SANDHI			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
MNTL HLTHC 3404931 WAKE CO HUM SVC BILLING OF BILLING OF 3404932 RANDOLPH/SANDHI							
MNTL HLTHC 3404931 WAKE CO HUM SVC BILLING OF BILLING OF 3404932 RANDOLPH/SANDHI	21	118	DUPLICATE OF CLAIM-SYSTEM	8	316	1535	121
MNTL HLTHC 3404931 WAKE CO HUM SVC BILLING OF 3404932 RANDOLPH/SANDHI	8517	10	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404931 NAME CO HUM SVC BILLING OF BILLING OF 3404932 RANDOLEH/SANDHI	237	567	TOTAL BILLED DOES NOT EQUAL TH				
BILLING OF BILLING OF BILLING OF BILLING OF			E SUM OF DETAILS BILLED.				
BILLING OF BILLING OF BILLING OF BILLING OF BILLING OF	8931	68	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	104	746	2407	166
BILLING OF BILLING OF BILLING OF BILLING OF BILLING OF							
BILLING OF BILLING OF BILLING OF BILLING OF	8599	51	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
BILLING OF BILLING OF BILLING OF BILLING OF			BENEFIT PACKAGE.				
3404932 RANDOLEH/SANDHI	21	460	DUPLICATE OF CLAIM-SYSTEM				
IGHIDOZETI) OTHEDITE							
IGHIDOZETI) OTHEDITE	8599	408	DETAIL NOT COVERED BY COMBINAT	491	1744	9092	734
IGHIDOZETI) OTHEDITE			ION OF RECIPIENT, PROVIDER AND	491	1/44	9092	/34
IGHIDOZETI) OTHEDITE			BENEFIT PACKAGE.				
IGHIDOZETI) OTHEDITE	8935	312	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
IGHIDOZETI) OTHIDITE							
	8599	165	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	8931	0.2	AMTNC INELIGIBLE TO RECEIVE SE				
	0331	93	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	172	667	3622	295
	21	89	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
				DECONTRETON	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404933	SOUTHEASTERN CT	8505	647	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
	IC TOIC IIII) DD							
		8800	42	FURTHER PROCESSING NECESSARY,	C	744	836	92
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	42	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				DAIL				
3404934	ONSLOW COUNTY B	8505	224	CLAIM DENIED DUE TO INSUFFICIE				
	EHAVIORAL H			NT BUDGET				
	Dimit Totalia II							
		8800	113	FURTHER PROCESSING NECESSARY,	37	574	1062	488
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	63	DETAIL NOT COVERED BY COMBINAT				
			1	ION OF RECIPIENT, PROVIDER AND				
	1	+		BENEFIT PACKAGE.				
3404935		n	0	*** NO DATA TO REPORT ***				
~404333	WAYNE CO MENTAL	~	ľ	NO DATA TO REFORT				
	HEALTH CTR	+			+	1		
	+	+	1					
		0	0		0	0	0	0
							-	
3404936	WILSON-GREENE M	8505	5	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	3	9	23	14
				RVICES IN IPRS.				
		5404	1	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404937	EDGECOMBE NASH	21	809	DUPLICATE OF CLAIM-SYSTEM				
3404937	EDGECOMBE NASH MNTL HLTH C	21	809	DUPLICATE OF CLAIM-SYSTEM				
3404937		21	809	DUPLICATE OF CLAIM-SYSTEM				
3404937								
3404937		21	809	CLAIM DENIED DUE TO INSUFFICIE	69	1073	1549	476
3404937					69	1073	1549	476
3404937				CLAIM DENIED DUE TO INSUFFICIE	69	1073	1549	476
3404937		8505		CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	69	1073	1549	476
3404937			134	CLAIM DENIED DUE TO INSUFFICIE	69	1073	1549	476
3404937		8505	134	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE	65	1073	1549	476
	MATE HETH C	8505	134	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	69	1073	1549	476
3404937		8505	134	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER MISSING OR IN	69	1073	1549	476
	MATE HETH C	8505 8935	134	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	69	1073	1549	476
	MNTL HLTH C	8505 8935	134	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER MISSING OR IN	65	1073	1549	476
	MNTL HLTH C	8505 8935	134	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
	MNTL HLTH C	8505 8935	134	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM ASTNC INELIGIBLE TO RECEIVE SE	69		1549	476
	MNTL HLTH C	8505 8935	134	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
	MNTL HLTH C	8505 8935	134	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM ASTNC INELIGIBLE TO RECEIVE SE				
	MNTL HLTH C	8505 8935 120 8935	134	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM ASTNC INELIGIBLE TO RECEIVE SE				
	MNTL HLTH C	8505 8935	134	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	MNTL HLTH C	8505 8935 120 8935	134	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CMTNC INELIGIBLE TO RECEIVE SE				
3404938	MNTL HLTH C	8505 8935 120 8935	134 57 3	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS. CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM ASTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS. CMTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS.				
3404938	MATL HITH C	8505 8935 120 8935	134	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CMINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CMINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404938	MATH HATH C	8505 8935 120 8935	134 57 3	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404938	MATL HITH C	8505 8935 120 8935	134 57 3	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CMINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CMINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	MATL HITH C	8935 120 8935 8935	134 57 3 1	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		5	25	20
3404938	MATL HITH C	8505 8935 120 8935	134 57 3	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM ASTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS. CMTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P				
3404938	MATL HITH C	8935 120 8935 8935	134 57 3 1	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		5	25	20
3404938	MATL HITH C	8935 120 8935 8935	134 57 3 1	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM ASTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS. CMTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P		5	25	20
3404938	MATL HITH C	8505 8935 120 8935 8932 8599	134 57 3 1	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM ASTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS. CMTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL		5	25	20
3404938	MATL HITH C	8935 120 8935 8935	134 57 3 1	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER DOES NOT MATC		5	25	20
3404938	MATL HITH C	8505 8935 120 8935 8932 8599	134 57 3 1	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ASTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM ASTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS. CMTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL		5	25	20

PROVIDER	+	HIGH DENIAL	NUMBER OF		muo	momay	TOTAL	TOTAL
	PROJETER	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME	LUDS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
		143	100	OVERNOR OF MANAGEMENT AND ANY THE PROPERTY OF				
3404941	PITT CO MH/DD/S	143	122	CLIENT ID NUMBER NOT ON STATE				
	AS CENTER			ELIGIBILITY FILE			<u> </u>	
		100	1114	0			<u> </u>	
		120	114	CLIENT ID NUMBER MISSING OR IN	12	468	1270	802
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		8599	72	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404942	ROANOKE CHOWANH	8599	287	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	1	24	177	PROCEDURE CODE, PROCEDURE/MODI	12	632	3339	2707
				FIER COMBINATION OR PROCEDURE				
	1			CODE/TYPE OF SERVICE COMBINATI				
	†						1	
	+	10	92	DIAGNOSIS OR SERVICE INVALID F				
	+			OR CLIENT AGE. VERIFY CID,				
	+			DIAGNOSIS, PROCEDURE CODE FOR			-	-
	+		-	DIMONOSIS, FROCEDORE CODE FOR			-	
2404042	+	0505	200	CTAIM DENIED DIE TO INCUSSIONS			 	
3404943	ALBEMARLE MENTA	8505	209	CLAIM DENIED DUE TO INSUFFICIE				
	L HEALTH CE			NT BUDGET			<u> </u>	
					<u> </u>			
		8599	96	DETAIL NOT COVERED BY COMBINAT	21	448	1241	793
				ION OF RECIPIENT, PROVIDER AND				
	1			BENEFIT PACKAGE.				
	†							
	+	21	93	DUPLICATE OF CLAIM-SYSTEM				
	+						<u> </u>	
	+		1				+	
	+						 	
3404944	DA OMBO TAMES	8935	155	ASTNC INELIGIBLE TO RECEIVE SE			-	<u> </u>
J.01714	EASTPOINTE HUMA	0333					 	
	N SERVICES			RVICES IN IPRS.			 	
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	1		L				<u> </u>	
	1	8931	113	AMTNC INELIGIBLE TO RECEIVE SE	273	493	3106	2610
				RVICES IN IPRS.				
	1							
	1	8505	81	CLAIM DENIED DUE TO INSUFFICIE				
	1			NT BUDGET				
	1							
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3404946	FOOTHILLS AREAM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
	PNINT UPWIL							
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		n	0					
		0	0		0	0	60	60
		0	0		0	0	60	60
		0	0		0	0	60	60
3404957	TIDELAND MENTAL	0 8505	0 313	CLAIM DENIED DUE TO INSUFFICIE	0	0	60	60
3404957	TIDELAND MENTAL HEALTH CTR	8505	313	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	0	60	60
3404957		8505	313		0	0	60	60
3404957				NT BUDGET	0	0	60	60
3404957		8505 8599	313		0	444		
3404957				NT BUDGET	43			
3404957				NT BUDGET DETAIL NOT COVERED BY COMBINAT	43			
3404957				NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	43			
3404957				NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	43			
3404957		8599	70	NT BUDGET DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE	43			
3404957		8599	70	NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	43			
3404957		8599	70	NT BUDGET DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE	43			
	HEALTH CTR	8599 8591	70	NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	43			
	HEALTH CTR	8599	70	NT BUDGET DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE	43			
	HEALTH CTR	8599 8591	70	NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	43			
	HEALTH CTR	8599 8591	70	NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	43			
	HEALTH CTR	8599 8591	70	NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	43			
	HEALTH CTR	8599 8591	70	NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	43		835	
	HEALTH CTR	8599 8591	70	NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.		444	835	
	HEALTH CTR	8599 8591	70	NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.		444	835	
3404959	HEALTH CTR	8599 8591	70	NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.		444	835	
3404959	DAVIDSON CO MEN TAL HITH CT	8599	70	NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT ***		444	835	
3404959	HEALTH CTR	8599	70	NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT ***		444	835	
3404959	DAVIDSON CO MEN TAL HITH CT	8599	70	NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT ***		444	835	
3404959	DAVIDSON CO MEN TAL HITH CT	8599 8931 0 0 8931	70 17 0 0 0 102	NT BUDGET DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	0	444	835	391
3404959	DAVIDSON CO MEN TAL HITH CT	8599	70	NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.		444	835	391
3404959	DAVIDSON CO MEN TAL HITH CT	8599 8931 0 0 8931	70 17 0 0 0 102	NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	444	835	391
3404959	DAVIDSON CO MEN TAL HITH CT	8599 8931 0 0 8931	70 17 0 0 0 102	NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	0	444	835	391
3404957	DAVIDSON CO MEN TAL HITH CT	8599 8931 0 0 8931	70 17 0 0 0 102	NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	444	835	391
3404959	DAVIDSON CO MEN TAL HITH CT	8599 8931 0 0 8931	70 17 0 0 0 102	NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	444	835	391